TO BE FILED IN THE COURT OF APPEAL

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COURT OF APPEAL,	APPELLATE DISTRICT, DIVISION	Court of Appeal Case Number (if known):	
		Superior Court Case Number:	
ATTORNEY OR PARTY WITHOUT ATTORNE	EY (Name, state bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: E-MAIL ADDRESS (Optional):	FAX NO. (Optional):		
ATTORNEY FOR (Name):			
APPELLANT:			
RESPONDENT:			
REQUEST FO	R DISMISSAL OF APPEAL (CIVIL CAS	Ε)	
The undersigned appellant hereby requests that the appeal filed o		in the above entitled action be dismissed.	
Date:			
	•		
(TYPE OR PF	INT NAME)	(SIGNATURE OF APPELLANT OR ATTORNEY)	

NOTE: File this form in the Court of Appeal if the record on appeal has already been filed in the Court of Appeal. If the record has not yet been filed in the Court of Appeal, you cannot use this form; you must file an *Abandonment of Appeal ((Unlimited Civil Case) (form APP-005)* in the superior court.

CASE NAME:	CASE NUMBER:
NOTICE: A copy of this document must be mailed or personally delivered to the other party or par THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old first-class mail, postage prepaid) or personally deliver the front and back of this document. When completed and a copy mailed or personally delivered, the original may then be filed with the court.	complete the information below and mail (by the front and back of this document have been
PROOF OF SERVICE Mail Personal Service	e
1. At the time of service I was at least 18 years of age and not a party to this legal action.	
2. My residence or business address is (specify):	
3. I mailed or personally delivered a copy of the Request for Dismissal of Appeal (Civil Case) as follows:	llows (complete either a or b):
a. Mail. I am a resident of or employed in the county where the mailing occurred.	
(1) I enclosed a copy in an envelope and	
(a) deposited the sealed envelope with the United States Postal Service, w	ith the postage fully prepaid.
(b) placed the envelope for collection and mailing on the date and at the placed our ordinary business practices. I am readily familiar with this business's correspondence for mailing. On the same day that correspondence is placed in the ordinary course of business with the United States Post postage fully prepaid.	s practice for collecting and processing aced for collection and mailing, it is
(2) The envelope was addressed and mailed as follows:	
(a) Name of person served:	
(b) Address on envelope:	
(c) Date of mailing:	
(d) Place of mailing (city and state):	
b. Personal delivery. I personally delivered a copy as follows:	
(1) Name of person served:	
(2) Address where delivered:	
(3) Date delivered:	
(4) Time delivered:	
(*)	
declare under penalty of perjury under the laws of the State of California that the foregoing is true a	nd correct.
Date:	
Saio.	
•	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)